

STATE OF CALIFORNIA  
DEPARTMENT OF MANAGED HEALTH CARE  
HEALTH CARE SERVICE PLAN

1

**MONTHLY FINANCIAL REPORTING FORM**

Submitted on 4/3/2003 5:05:59 PM

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1.	FOR THE MONTH ENDING:	January 31, 2003
2.	Name:	<b>California Benefits Dental Plan</b>
3.	File Number:(Enter last three digits) 933-0	<b>308</b>
4.	Date Incorporated or Organized:	August 8, 1991
5.	Date Licensed as a HCSP:	July 31, 1992
6.	Date Federally Qualified as a HCSP:	
7.	Date Commenced Operation:	August 1, 1992
8.	Mailing Address:	3611 S. Harbor Boulevard, Suite 150, Santa Ana, CA 92704
9.	Address of Main Administrative Office:	3611 S. Harbor Boulevard, Suite 150, Santa Ana, CA 92704
10.	Telephone Number:	714-540-4255
11.	HCSP's ID Number:	
12.	Principal Location of Books and Records:	3611 S. Harbor Boulevard, Suite 150, Santa Ana, CA 92704
13.	Plan Contact Person and Phone Number:	Valerie A. Clark 714-540-4255
14.	Financial Reporting Contact Person and Phone Number:	Aaron A. Mishkin 714-540-4255
15.	President:*	Valerie Anne Clark
16.	Secretary:*	George Wallace Ripley, III
17.	Chief Financial Officer:*	Eileen Ann Mallesch
18.	Other Officers:*	Marcia Ina Cantor-Grable
19.		Michael Dean Heard
20.		Garry Prizzia
21.		
22.	Directors:*	Aaron Avram Mishkin
23.		Susanne Shoch
24.		Janis Milroy
25.		
26.		
27.		
28.		
29.		
30.		
31.		

The officers listed on lines 15 through 17 of the health care service plan noted on line 2, being duly sworn, each for himself or herself, deposes and says that they are the officers of the said health care service plan, and that, for the reporting period stated above, all of the herein assets were the absolute property of the said health care service plan, free and clear from any liens or claims thereon, except as herein stated, and that these financial statements, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said health care service plan as of the reporting period stated above, and of its income and deductions therefrom for the period reported, according to the best of their information, knowledge and belief, respectively.




32. President	Valerie Anne Clark
33. Secretary	George Wallace Ripley, III
34. Chief Financial Officer	Eileen Ann Mallesch
* Show full name (initials not accepted) and indicate by sign (#) those officers and directors who did not occupy the indicated position in the previous statement.	
35. If this is a revised filing, check here:	<input type="checkbox"/>
36. If all dollar amounts are reported in thousands (000), check here	<input type="checkbox"/>
<a href="#">Check My Work.</a>	

STATE OF CALIFORNIA  
DEPARTMENT OF MANAGED HEALTH CARE  
HEALTH CARE SERVICE PLAN

1

**MONTHLY FINANCIAL REPORTING FORM**

**SUPPLEMENTAL INFORMATION**

		1
1.	Are footnote disclosures attached with this filing?	Yes 
2.	Is the attached reporting form filed on a consolidated or combined basis? If "Yes", the plan is required to file consolidating or combining schedules.	No 
3.	Is the plan required to file additional information (i.e. parent/affiliate financial statements, claims reports, etc.) that is required by the Department?	No 

**REPORT #1 ---- PART A: ASSETS**

1	2
<b>CURRENT ASSETS:</b>	Current Period
1. Cash and Cash Equivalents	1,140,442
2. Short-Term Investments	0
3. Premiums Receivable - Net	58,423
4. Interest Receivable	
5. Shared Risk Receivables - Net	
6. Other Health Care Receivables - Net	
7. Prepaid Expenses	18,450
8. Secured Affiliate Receivables - Current	
9. Unsecured Affiliate Receivables - Current	0
10. Aggregate Write-Ins for Current Assets	0
11. TOTAL CURRENT ASSETS (Items 1 to 10)	1,217,315
<b>OTHER ASSETS:</b>	
12. Restricted Assets	50,000
13. Long-Term Investments	
14. Intangible Assets and Goodwill - Net	
15. Secured Affiliate Receivables - Long-Term	
16. Unsecured Affiliate Receivables - Past Due	
17. Aggregate Write-Ins for Other Assets	93,663
18. TOTAL OTHER ASSETS (Items 12 to 18)	143,663
<b>PROPERTY AND EQUIPMENT</b>	
19. Land, Building and Improvements	
20. Furniture and Equipment - Net	1,394
21. Computer Equipment - Net	28,904
22. Leasehold Improvements -Net	
23. Construction in Progress	
24. Software Development Costs	
25. Aggregate Write-Ins for Other Equipment	0
26. TOTAL PROPERTY AND EQUIPMENT (Items 19 to 25)	30,298
27. TOTAL ASSETS	1,391,276
<b>DETAILS OF WRITE-INS AGGREGATED AT ITEM 10 FOR CURRENT ASSETS</b>	
1001.	
1002.	
1003.	
1004.	
1098. Summary of remaining write-ins for Item 10 from overflow page	
1099. TOTALS (Items 1001 thru 1004 plus 1098)	0
<b>DETAILS OF WRITE-INS AGGREGATED AT ITEM 17 FOR OTHER ASSETS</b>	
1701. Tax Benefit Receivable	84,049
1702. Claims Payable Adjustment	9,614
1703.	
1704.	
1798. Summary of remaining write-ins for Item 17 from overflow page	
1799. TOTALS (Items 1701 thru 1704 plus 1798)	93,663
<b>DETAILS OF WRITE-INS AGGREGATED AT ITEM 25 FOR OTHER EQUIPMENT</b>	
2501.	
2502.	
2503.	
2504.	
2598. Summary of remaining write-ins for Item 25 from overflow page	
2599. TOTALS (Items 2501 thru 2504 plus 2598)	0

## REPORT #1 ---- PART B: LIABILITIES AND NET WORTH

1	2	3	4
	Current Period		
	Contracting	Non-Contracting	Total
<b>CURRENT LIABILITIES:</b>			
1. Trade Accounts Payable	34,919	XXX	34,919
2. Capitation Payable		XXX	0
3. Claims Payable (Reported)	1,748		1,748
4. Incurred But Not Reported Claims	10,606		10,606
5. POS Claims Payable (Reported)			0
6. POS Incurred But Not Reported Claims			0
7. Other Medical Liability			0
8. Unearned Premiums	599,638	XXX	599,638
9. Loans and Notes Payable		XXX	0
10. Amounts Due To Affiliates - Current		XXX	0
11. Aggregate Write-Ins for Current Liabilities	205,745	0	205,745
12. TOTAL CURRENT LIABILITIES (Items 1 to 11)	852,656	0	852,656
<b>OTHER LIABILITIES:</b>			
13. Loans and Notes Payable (Not Subordinated)		XXX	0
14. Loans and Notes Payable (Subordinated)		XXX	0
15. Accrued Subordinated Interest Payable		XXX	0
16. Amounts Due To Affiliates - Long Term	46,413	XXX	46,413
17. Aggregate Write-Ins for Other Liabilities	0	XXX	0
18. TOTAL OTHER LIABILITIES (Items 13 to 18)	46,413	XXX	46,413
19. TOTAL LIABILITIES	899,069	0	899,069
<b>NET WORTH</b>			
20. Common Stock	XXX	XXX	10,000
21. Preferred Stock	XXX	XXX	
22. Paid In Surplus	XXX	XXX	870,880
23. Contributed Capital	XXX	XXX	
24. Retained Earnings (Deficit)/Fund Balance	XXX	XXX	-398,729
25. Aggregate Write-Ins for Other Net Worth Items	XXX	XXX	10,056
26. TOTAL NET WORTH (Items 20 to 25)	XXX	XXX	492,207
27. TOTAL LIABILITIES AND NET WORTH	XXX	XXX	1,391,276
<b>DETAILS OF WRITE-INS AGGREGATED AT ITEM 11 FOR CURRENT LIABILITIES</b>			
1101. Cash Suspense	58,129		58,129
1102. Accrued Salaries	147,616		147,616
1103. Taxes Payable			0
1104.			0
1198. Summary of remaining write-ins for Item 11 from overflow page			0
1199. TOTALS (Items 1101 thru 1104 plus 1198)	205,745	0	205,745
<b>DETAILS OF WRITE-INS AGGREGATED AT ITEM 17 FOR OTHER LIABILITIES</b>			
1701.		XXX	0
1702.		XXX	0
1703.		XXX	0
1704.		XXX	0
1798. Summary of remaining write-ins for Item 17 from overflow page		XXX	0
1799. TOTALS (Items 1701 thru 1704 plus 1798)	0	XXX	0
<b>DETAILS OF WRITE-INS AGGREGATED AT ITEM 25 FOR OTHER NET WORTH ITEMS</b>			
2501. Net Income	XXX	XXX	10,057
2502. Extraordinary Item due to change in Acctg Principle	XXX	XXX	0
2503. Rounding Difference	XXX	XXX	-1
2504.	XXX	XXX	
2598. Summary of remaining write-ins for Item 25 from overflow page	XXX	XXX	
2599. TOTALS (Items 2501 thru 2504 plus 2598)	XXX	XXX	10,056

**REPORT #2: REVENUE, EXPENSES AND NET WORTH**

	1	2
	Current Period	Year-To-Date
<b>REVENUES:</b>		
1. Premiums (Commercial)	207,321	207,321
2. Capitation		
3. Co-payments, COB, Subrogation		
4. Title XVIII - Medicare		
5. Title XIX - Medicaid		
6. Fee-For-Service	7,977	7,977
7. Point-Of-Service (POS)		
8. Interest	1,590	1,590
9. Risk Pool Revenue		
10. Aggregate Write-Ins for Other Revenues	0	0
11. TOTAL REVENUE (Items 1 to 10)	216,888	216,888
<b>EXPENSES:</b>		
<b>Medical and Hospital</b>		
12. Inpatient Services - Capitated		
13. Inpatient Services - Per Diem		
14. Inpatient Services - Fee-For-Service/Case Rate		
15. Primary Professional Services - Capitated	70,571	70,571
16. Primary Professional Services - Non-Capitated		
17. Other Medical Professional Services - Capitated		
18. Other Medical Professional Services - Non-Capitated	7,024	7,024
19. Non-Contracted Emergency Room and Out-of-Area Expense, not including POS		
20. POS Out-Of-Network Expense		
21. Pharmacy Expense - Capitated		
22. Pharmacy Expense - Fee-for-Service		
23. Aggregate Write-Ins for Other Medical and Hospital Expenses	0	0
24. TOTAL MEDICAL AND HOSPITAL (Items 12 to 23)	77,595	77,595
<b>Administration</b>		
25. Compensation	72,067	72,067
26. Interest Expense		
27. Occupancy, Depreciation and Amortization	9,120	9,120
28. Management Fees	12,329	12,329
29. Marketing	38,436	38,436
30. Affiliate Administration Services		
31. Aggregate Write-Ins for Other Administration	-2,715	-2,715
32. TOTAL ADMINISTRATION (Items 25 to 31)	129,237	129,237
33. TOTAL EXPENSES	206,832	206,832
34. INCOME (LOSS)	10,056	10,056
35. Extraordinary Item		
36. Provision for Taxes	0	0
37. NET INCOME (LOSS)	10,056	10,056
<b>NET WORTH:</b>		
38. Net Worth Beginning of Period	400,703	400,703
39. Audit Adjustments		
40. Increase (Decrease) in Common Stock		
41. Increase (Decrease) in Preferred Stock		
42. Increase (Decrease) in Paid in Surplus		
43. Increase (Decrease) in Contributed Capital		
44. Increase (Decrease) in Retained Earnings:	81,448	81,448
45. Net Income (Loss)	10,056	10,056
46. Dividends to Stockholders		
47. Aggregate Write-Ins for Changes in Retained Earnings	0	0
48. Aggregate Write-Ins for Changes in Other Net Worth Items	0	0
49. NET WORTH END OF PERIOD (Items 38 to 48)	492,207	492,207

**REPORT #2: REVENUE, EXPENSES AND NET WORTH**

1	2	3
	Current Period	Year-to-Date
<b>DETAILS OF WRITE-INS AGGREGATED AT ITEM 10 FOR OTHER REVENUES</b>		
1001.		
1002.		
1003.		
1004.		
1005.		
1006.		
1098. Summary of remaining write-ins for Item 10 from overflow page		
1099. TOTALS (Items 1001 thru 1006 plus 1098)	0	0
<b>DETAILS OF WRITE-INS AGGREGATED AT ITEM 23 FOR OTHER MEDICAL AND HOSPITAL EXPENSES</b>		
2301.		
2302.		
2303.		
2304.		
2305.		
2306.		
2398. Summary of remaining write-ins for Item 23 from overflow page		
2399. TOTALS (Items 2301 thru 2306 plus 2398)	0	0
<b>DETAILS OF WRITE-INS AGGREGATED AT ITEM 31 FOR OTHER ADMINISTRATIVE EXPENSES</b>		
3101. General & Administrative Expenses	-17,573	-17,573
3102. Bad Debt Expense	12,781	12,781
3103. DMHC Assessment Fees, State & Local Taxes	2,077	2,077
3104. Rounding		
3105.		
3106.		
3198. Summary of remaining write-ins for Item 31 from overflow page		
3199. TOTALS (Items 3101 thru 3106 plus 3198)	-2,715	-2,715
<b>DETAILS OF WRITE-INS AGGREGATED AT ITEM 47 FOR CHANGES IN RETAINED EARNINGS</b>		
4701.		
4702.		
4703.		
4704.		
4705.		
4706.		
4798. Summary of remaining write-ins for Item 47 from overflow page		
4799. TOTALS (Items 4701 thru 4706 plus 4798)	0	0
<b>DETAILS OF WRITE-INS AGGREGATED AT ITEM 48 FOR CHANGES OF OTHER NET WORTH ITEMS</b>		
4801. Extraordinary Item due to change in Accounting principle Prior Year		
4802. Cumulative Effect Net of Tax		
4803. Rounding Correction	0	0
4804.		
4805.		
4806.		
4898. Summary of remaining write-ins for Item 48 from overflow page		
4899. TOTALS (Items 4801 thru 4806 plus 4898)	0	0

**REPORT #3: STATEMENT OF CASH FLOWS (Direct Method)**

1	2	3
	Current Period	Year-to-Date
<b>CASH FLOW PROVIDED BY OPERATING ACTIVITIES</b>		
1. Group/Individual Premiums/Capitation	378,724	378,724
2. Fee-For-Service	7,977	7,977
3. Title XVIII - Medicare Premiums		
4. Title XIX - Medicaid Premiums		
5. Investment and Other Revenues	1,590	1,590
6. Co-Payments, COB and Subrogation		
7. Medical and Hospital Expenses	-75,847	-75,847
8. Administration Expenses	-1,063,617	-1,063,617
9. Federal Income Taxes Paid	243,780	243,780
10. Interest Paid		
11. NET CASH PROVIDED BY OPERATING ACTIVITIES	-507,393	-507,393
<b>CASH FLOW PROVIDED BY INVESTING ACTIVITIES</b>		
12. Proceeds from Restricted Cash and Other Assets	0	0
13. Proceeds from Investments	0	0
14. Proceeds for Sales of Property, Plant and Equipment		
15. Payments for Restricted Cash and Other Assets		
16. Payments for Investments		
17. Payments for Property, Plant and Equipment		
18. NET CASH PROVIDED BY INVESTING ACTIVITIES	0	0
<b>CASH FLOW PROVIDED BY FINANCING ACTIVITIES:</b>		
19. Proceeds from Paid in Capital or Issuance of Stock		
20. Loan Proceeds from Non-Affiliates		
21. Loan Proceeds from Affiliates		
22. Principal Payments on Loans from Non-Affiliates		
23. Principal Payments on Loans from Affiliates		
24. Dividends Paid		
25. Aggregate Write-Ins for Cash Provided by Financing Activities	81,448	81,448
26. NET CASH PROVIDED BY FINANCING ACTIVITIES	81,448	81,448
27. NET INCREASE (DECREASE) IN CASH (Items 11, 18 & 26)	-425,945	-425,945
28. CASH AND CASH EQUIVALENTS AT THE BEGINNING OF THE MONTH	1,566,387	1,566,387
29. CASH AND CASH EQUIVALENTS AT THE END OF THE MONTH	1,140,442	1,140,442
<b>RECONCILIATION OF NET INCOME TO NET CASH PROVIDED BY OPERATING ACTIVITIES:</b>		
30. Net Income	10,056	10,056
<b>Adjustments to Reconcile Net Income to Net Cash Provided by Operating Activities</b>		
31. Depreciation and Amortization	2,067	2,067
32. Decrease (Increase) in Receivables	100,554	100,554
33. Decrease (Increase) in Prepaid Expenses	-4,553	-4,553
34. Decrease (Increase) in Affiliate Receivables	0	0
35. Increase (Decrease) in Accounts Payable	-464,225	-464,225
36. Increase (Decrease) in Claims Payable and Shared Risk Pool	1,748	1,748
37. Increase (Decrease) in Unearned Premium	70,849	70,849
38. Aggregate Write-Ins for Adjustments to Net Income	-223,889	-223,889
39. TOTAL ADJUSTMENTS (Items 31 through 38)	-517,449	-517,449
40. NET CASH PROVIDED BY OPERATING ACTIVITIES (Item 30 adjusted by Item 39 must agree to Item 11)	-507,393	-507,393
<b>DETAILS OF WRITE-INS AGGREGATED AT ITEM 25 FOR CASH FLOW PROVIDED BY FINANCING ACTIVITIES</b>		
2501. Rounding		
2502. Increase in Retained Earnings	81,448	81,448
2503.		
2598. Summary of remaining write-ins for Item 25 from overflow page		
TOTALS (Items 2501 thru 2503 plus 2598)	81,448	81,448
<b>DETAILS OF WRITE-INS AGGREGATED AT ITEM 38 FOR ADJUSTMENTS TO NET INCOME</b>		
3801. Accrued Salaries	15,411	15,411
3802. Cash Suspense	76,692	76,692
3803. Affiliate Payables	-559,772	-559,772
3898. Summary of remaining write-ins for Item 38 from overflow page	243,780	243,780
3899. TOTALS (Items 3801 thru 3803 plus 3898)	-223,889	-223,889

**REPORT #3: STATEMENT OF CASH FLOWS (Indirect Method)**

	1	2
	Current Period	Year-to-Date
<b>CASH FLOWS FROM OPERATING ACTIVITIES:</b>		
1. Net Income (Loss)	10,056	10,056
<b>ADJUSTMENTS TO RECONCILE NET INCOME (LOSS) TO NET CASH PROVIDED (USED) BY OPERATING ACTIVITIES:</b>		
2. Depreciation and Amortization	2,067	2,067
3. Unrealized Gains/Losses on Equity Securities		
4. Gain/Loss on Sale of Assets		
5. Deferred Income Taxes		
<b>CHANGE IN OPERATING ASSETS AND LIABILITIES</b>		
<b>(Increase) Decrease in Operating Assets:</b>		
6. Receivables	100,554	100,554
7. Prepaid Expenses	-4,553	-4,553
8. Affiliate Receivables	0	0
9. Aggregate write-ins for (increase) decrease in operating assets	283,187	283,187
<b>Increase (Decrease) in Operating Liabilities:</b>		
10. Trade Accounts Payable	-464,225	-464,225
11. Capitation Payable		
12. Claims Payable and IBNR	1,748	1,748
13. Other Medical Liability	0	0
14. Unearned Premiums	70,849	70,849
15. Affiliate Payables	-559,772	-559,772
16. Aggregate write-ins for increase (decrease) in operating liabilities	52,696	52,696
17. <b>NET CASH PROVIDED (USED) IN OPERATING ACTIVITIES</b>	<b>-507,393</b>	<b>-507,393</b>
<b>CASH FLOW FROM INVESTING ACTIVITIES</b>		
18. Proceeds from Restricted Cash and Other Assets	0	0
19. Proceeds from Investments	0	0
20. Proceeds for Sales of Property, Plant, and Equipment		
21. Payments for Restricted Cash and Other Assets		
22. Payments for Investments		
23. Payments for Property, Plant, and Equipment		
24. Aggregate write-ins for cash flow provided by investing activities	0	0
25. <b>NET CASH PROVIDED (USED) IN INVESTING ACTIVITIES</b>	<b>0</b>	<b>0</b>
<b>CASH FLOW FROM FINANCING ACTIVITIES</b>		
26. Proceeds from Paid-in-Capital or Issuance of Stock		
27. Loan Proceeds from Non-Affiliates		
28. Loan Proceeds from Affiliates		
29. Principal Payments on Loans from Non-Affiliates		
30. Principal Payments on Loans from Affiliates	0	0
31. Dividends Paid		
32. Principal Payments under lease obligations		
33. Aggregate write-ins for cash flow provided by financing activities	81,448	81,448
34. <b>NET CASH PROVIDED (USED) IN FINANCING ACTIVITIES</b>	<b>81,448</b>	<b>81,448</b>
35. <b>NET INCREASE/(DECREASE) IN CASH AND CASH EQUIVALENTS</b>	<b>-425,945</b>	<b>-425,945</b>
36. <b>CASH AND CASH EQUIVALENTS AT THE BEGINNING OF THE MONTH</b>	<b>1,566,387</b>	<b>1,566,387</b>
37. <b>CASH AND CASH EQUIVALENTS AT THE END OF THE MONTH</b>	<b>1,140,442</b>	<b>1,140,442</b>



**REPORT #3: STATEMENT OF CASH FLOWS (Indirect Method)**

1		2	3
		Current Period	Year-to-Date
<b>DETAILS OF WRITE-INS AGGREGATED AT ITEM 9 FOR (INCREASE) DECREASE IN OPERATING ASSETS</b>			
901.	Cash Suspense	39,407	39,407
902.	Tax Benefit Receivable	247,213	247,213
903.	Claims Adjustment	-3,433	-3,433
998.	Summary of remaining write-ins for Item 9 from overflow page		
999.	TOTALS (Items 901 thru 903 plus 998)	283,187	283,187
<b>DETAILS OF WRITE-INS AGGREGATED AT ITEM 16 FOR INCREASE (DECREASE) IN OPERATING LIABILITIES</b>			
1601.	Cash Suspense	37,285	37,285
1602.	Accrued Salaries	15,411	15,411
1603.	Over-expensed Prepaid	0	
1698.	Summary of remaining write-ins for Item 16 from overflow page		
1699.	TOTALS (Items 1601 thru 1603 plus 1698)	52,696	52,696
<b>DETAILS OF WRITE-INS AGGREGATED AT ITEM 24 FOR CASH FLOW PROVIDED BY INVESTING ACTIVITIES</b>			
2401.			
2402.			
2403.			
2498.	Summary of remaining write-ins for Item 24 from overflow page		
2499.	TOTALS (Items 2401 thru 2403 plus 2498)	0	0
<b>DETAILS OF WRITE-INS AGGREGATED AT ITEM 33 FOR CASH FLOW PROVIDED BY FINANCING ACTIVITIES</b>			
3301.	Rounding Difference		
3302.	2002 Audit Adjustments	0	0
3303.	Increase in Retained Earnings	81,448	81,448
3398.	Summary of remaining write-ins for Item 33 from overflow page		
3399.	TOTALS (Items 3301 thru 3303 plus 3398)	81,448	81,448

## TOTAL ENROLLMENT

[illegible]

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NOTES TO FINANCIAL STATEMENTS

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OVERFLOW PAGE FOR WRITE-INS

- 1. Tax Benefit Receivable Current Period 247213 Year-to-Date 247213
- 2. Claims Adjustment Current Period -3433 Year-to-Date -3433

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**KNOX-KEENE**  
**SUPPLEMENTAL INFORMATION**  
**PURSUANT TO SECTIONS 1300.84.06 AND 1300.84.2**

		1			2
1.	Net Equity		\$		492,207
2.	Add: Subordinated Debt		\$		0
3.	Less: Receivables from officers, directors, and affiliates		\$		0
4.	Intangibles		\$		0
5.	Tangible Net Equity (TNE)		\$		492,207
6.	Required Tangible Net Equity (See Below)		\$		50,000
7.	TNE Excess (Deficiency)		\$		442,207
		Full Service Plans			Specialized Plan
A.	Minimum TNE Requirement	\$ 1,000,000	Minimum TNE Requirement	\$	50,000
B. REVENUES:					
8.	2% of the first \$150 million of annualized premium revenues	\$	2% of the first \$7.5 million of annualized premium revenue	\$	49,757
	Plus		Plus		
9.	1% of annualized premium revenues in excess of \$150 million	\$	1% of annualized premium revenue in excess of \$7.5 million	\$	
10.	Total	\$ 0	Total	\$	49,757
C. HEALTHCARE EXPENDITURES:					
11.	8% of the first \$150 million of annualized health care expenditures, except those paid on a capitated or managed hospital basis.	\$	8% of the first \$7.5 million of annualized health care expenditures, except those paid on a capitated or managed hospital basis.	\$	
	Plus		Plus		
12.	4% of annualized health care expenditures in excess of \$150 million except those paid on a capitated or managed hospital payment basis.	\$	4% of annualized health care expenditures in excess of \$7.5 million except those paid on a capitated or managed hospital payment basis.	\$	
	Plus		Plus		
13.	4% of the annualized hospital expenditures paid on a managed hospital payment basis.	\$	4% of the annualized hospital expenditures paid on a managed hospital payment basis.	\$	
14.	Total	\$ 0	Total	\$	0
15.	Required "TNE" - Greater of "A" "B" or "C" \$		Required "TNE" - Greater of "A" "B" or "C" \$		50,000

**KNOX -KEENE  
SUPPLEMENTAL INFORMATION  
PURSUANT TO SECTIONS 1374.64**

**POINT OF SERVICE "ADJUSTED" TANGIBLE NET EQUITY CALCULATION**

Calculation of Tangible Net Equity and required Tangible Net Equity in accordance with Section 1374.64:

	1
1. Net Equity	\$ 492,207
2. Add: Subordinated Debt	\$
3. Less: Receivables from officers, directors, and affiliates	\$
4. Intangibles	\$
5. Tangible Net Equity (TNE)	\$ 492,207
6. Required Tangible Net Equity (From Line 18 below)	\$
7. TNE Excess (Deficiency)	\$ 492,207
ADJUSTED REQUIRED MINIMUM TANGIBLE NET EQUITY CALCULATION:	
<b>I. Plan is required to have and maintain TNE as required by Rule 1300.76 (a)(1) or (2):</b>	
8. Minimum TNE as calculated under Rule 1300.76 (a)(1) or (2)	\$
9. 10% of annualized health care expenditures for out-of-network service for point-of-service enrollees	\$
10. Add lines 8 and 9	\$ 0
<b>II. Plan is required to have and maintain TNE as required by Rule 1300.76 (a)(3):</b>	
<b><u>PART A</u></b>	
11. Minimum TNE as recalculated to exclude annualized healthcare expenditures for out-of-network services for point-of-service enrollees (attach worksheet Page 15)	\$
12. 10% of annualized health care expenditures for out-of-network services for point-of-service enrollees	\$
13. Add lines 11 and 12	\$ 0

**STATEMENT AS OF 1-31-2003 OF 933-0308 California Benefits Dental Plan**

**WORKSHEET FOR ADJUSTED TANGIBLE NET EQUITY CALCULATION**

	1 Full Service Plans	2 Specialized Plans
1. Health care expenditures for period	\$ <input type="text"/>	\$ <input type="text"/>
Less:		
2. Capitated or managed hospital payment basis expenditures	<input type="text"/>	<input type="text"/>
3. Health care expenditures for out-of-network services for point-of-service enrollees	<input type="text"/>	<input type="text"/>
4. Result	<input type="text" value="0"/>	<input type="text" value="0"/>
5. Annualized	<input type="text"/>	<input type="text"/>
6. Reduce to maximum of \$150 million	<input type="text"/>	<input type="text"/>
7. Multiply by 8%	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>
Plus		
8. Annualized health care expenditures except those paid on a capitated or managed hospital payment basis and excluding health care expenditures for out-of-network services for point-of-service enrollees	\$ <input type="text"/>	\$ <input type="text"/>
9. Line 8 less \$150 million	<input type="text"/>	<input type="text"/>
10. Multiply by 4%	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>
Plus		
11. Annualized hospital expenditures paid on a managed hospital payment basis and excluding health care expenditures for out-of-network services for point-of-service enrollees	\$ <input type="text"/>	\$ <input type="text"/>
12. Multiply by 4%	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>
13. Total	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>

**STATEMENT AS OF 1-31-2003 OF 933-0308 California Benefits Dental Plan**



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